

EMPLOYER

REG. NO.

PAYROLL

ENDING

57/3

1942

ADDRESS

TOTAL INSURED EMPLOYEES

TAXABLE EARNINGS \$

PLACE OF EMPLOYMENT

STANDARD
WEEK

TOTAL HOURS EMPLOYED

TAX @ \$

REGISTRATION NO.	NAME OF EMPLOYEE	H R	DATE	TIME							TOTAL DAYS	RATE	TOTAL EARNINGS	DEDUCT UNEMP. INS.	DEDUCT F. O. A. B.	NET PAY	RECEIVED PAYMENT		
				MOR	TUE	WED	THU	FRI	SAT	SUN							ADVANCE	AMOUNT PAID	CHECK NO.
	<i>Sellers</i>																		
	W. Liming									D	✓		4 50	05	05	4 40			<i>W. Liming</i>
	Van Over									D	✓		3 50	04	04	3 42			<i>Van Over</i>
	Torre									D	✓		3 50	04	04	3 42			<i>Torre</i>
	Vallance									D	✓		3 50	04	04	3 42			<i>John F. Vallance</i>
	C. Langen									D	✓		3 50	04	04	3 42			<i>C. Langen</i>
	D. Meiers									D	✓		3 50	04	04	3 42			<i>D. Meiers</i>
	R. Moore									D	✓		3 50	04	04	3 42			<i>Robert Moore</i>
	Hesse									D	✓		3 50	04	04	3 42			<i>Hesse</i>
	L. Reiker									D	✓		3 50	04	04	3 42			<i>L. Reiker</i>
	Mayer									D	✓		3 50	04	04	3 42			<i>James Mayer</i>
	Thorn									D	✓		3 50	04	04	3 42			<i>Thorn</i>
	Donahue									D	✓		3 50	04	04	3 42			<i>Thomas Donahue</i>
	McLaughlin									D	✓		3 50	04	04	3 42			<i>J. M. McLaughlin</i>
	McCann									D	✓		3 50	04	04	3 42			<i>M. M. McCann</i>
	TOTAL												50 00			48 86			

CHECKED BY

CERTIFIED CORRECT